

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038371

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2766

STATE FILE NUMBER

| | | | |
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| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF | DOCUMENT |
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| BY AFFIDAVIT OF | SHOULD READ | ITEM NO. | |

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|---|---|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kinloch | | c. CITY OR TOWN Kinloch | |
| Length of stay in 1b 15 yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5807 Jefferson | | d. STREET ADDRESS (If outside, give location) 5807 Jefferson | |
| 3. NAME OF DECEASED (Type or print) Elizabeth McKamey | | 4. DATE OF DEATH Month September Day 4 Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE Colored | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/3/1872 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 9. AGE (last birthday) 91 |
| 11a. FATHER'S NAME Thomas Burgett | | 11b. MOTHER'S MAIDEN NAME Nancy Coonts | |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | | 12b. SOCIAL SECURITY NO. [REDACTED] | |
| 13a. NAME OF DECEASED Elizabeth McKamey | | 13b. NAME OF HUSBAND OR WIFE Joseph McKamey | |
| 14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis heart disease | | INTERVAL BETWEEN ONSET AND DEATH 1957 | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Nephritis | | 1958 | |
| DUE TO (c) Chronic Myocarditis | | 1959 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 6-3-63 to 9-4-63 and last saw her alive on 9-4-63 Death occurred at 2-3-63 on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE May Johnson (Degree or title) | | 22b. ADDRESS Jefferson | |
| 22c. DATE SIGNED 9/5/63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 9-7-63 | 23c. NAME OF CEMETERY OR CREMATORY Local Cemetery | |
| 23d. LOCATION (City, town, or county) New Bloomfield, Mo. | | | |
| 24. FUNERAL DIRECTOR Claypool Funeral Home, New Bloomfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 9-5-63 | |
| 26. REGISTRAR'S SIGNATURE John M. Murphy | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John Binkley

Licensed Embalmer No. *3853*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.